



Member Application

Name:

Date of Birth:

Gender: ☐ Male ☐ Female

Phone:

Current Address:

City:

State:

Zip:

Ward:

Email:

School/ Training Program/ Organization:

Year of Graduation:

Ethnicity

☐ African American or Black

☐ American Indian & Alaska Native

☐ Pacific Islander

☐ Other:

☐ Hispanic or Latino

☐ Caucasian or White

☐ Asian

I am interested in representing: ☐ My Ward ☐ Juvenile Justice ☐ Foster Care

I am available to (check all that apply):

- ☐ Attend monthly DCYAC meetings (every 3rd Tuesday)
- ☐ Serve on at least one DCYAC committee (once a month)
- ☐ Volunteer at least 10 hours a month doing DCYAC work
- ☐ Stay informed on the youth issues in the city
- ☐ Be a positive voice for youth

Community Action History

Please list the activities that you are or have been involved in

School Activities (examples: choir, student government, sports teams and/ or clubs)

Community Activities (examples: youth/ community organizations, volunteer experience, faith based organizations and/or non school time activities)

To return the application by:

Mail: DC Youth Advisory Council 441 4th Street NW Suite 200S WDC 20001

Fax: 202-727-8179

Email: DCYAC@dc.gov

References

Please provide three references, not related to you : two youth and one adult

Name:	Address:	Phone:

21 Questions

If you could give a two minute presentation on how to make DC better for youth to the Mayor and the City Council, what would you say?

What do you hope to gain by becoming a member of the DC Youth Advisory Council?

What do you feel you would contribute to the DCYAC?

Any Additional Comments:

I certify that the information I've given is true and correct to the best of my knowledge.

Signature of Applicant:

Date:

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